

## AIRPORT MAINTENANCE/CAPITAL IMPROVEMENT GRANT APPLICATION

TO: Missouri Department of Transportation  
Aviation Section  
P.O. Box 270  
Jefferson City, MO 65102

Date: \_\_\_\_\_

Airport Name			
Sponsor Name		County	
Address		Phone	
E-mail Address		Fax	
Contact Person's Name		Title	
Address		Phone	
E-mail Address		Fax	

Funds are granted to an eligible sponsor in accordance with section 305.230 RSMo on a cost-sharing basis with the state providing up to 80% of the project cost.

### **Proposed Project Funding** (as you now estimate it to be):

<p style="text-align: center;"><b>Breakdown of Local Amount</b></p> <p><input type="checkbox"/> <b>Cash.</b> Amount on deposit in airport account prior to execution of contract will be at least \$____.</p> <p><input type="checkbox"/> <b>Force Account.</b> Estimated force account amount \$____. Please attach itemized estimated force account cost to sponsor of all in-kind labor, equipment, and materials.</p> <p><input type="checkbox"/> <b>Other</b> (Explain).</p>
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State Amount      \$\_\_\_\_

Local Amount      \$\_\_\_\_

Other Amount      \$\_\_\_\_

TOTAL              \$\_\_\_\_

### **Project Description**

☐ Airport Feasibility Study      ☐ Airport Layout Plan      ☐ Airport Master Plan

☐ Proposed Improvement (list in order of priority):

☐ Maintenance:

☐ Emergency Repair:

☐ Other:

Provide date and nature of last maintenance or improvement project. Also, describe routine maintenance activities.

### **Project Scope Drawing**

Attach a drawing of reasonable accuracy and proportion to show size and dimensions of all the proposed maintenance and improvements (prefer color coding proposed work areas). Explain what benefits will be realized from this project.

Number of based aircraft:    Jet \_\_\_\_\_    Twin \_\_\_\_\_    Single Engine \_\_\_\_\_

Number of annual operations (existing facility only): \_\_\_\_\_

(An operation is either a takeoff or a landing.)

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Signature of Applicant

**FOR MoDOT USE ONLY**

Facilities inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Project considered: ☐ Emergency ☐ Routine

Recommend: ☐ Approval ☐ Disapproval

Reason(s) for recommending disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project completed: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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